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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

130

Application Number	09/540,843
Filing Date	March 31, 2000
First Named Inventor	Barbara A. Gilchrest, et al.
Art Unit	1635
Examiner Name	B. A. Whiteman
Attorney Docket Number	06225.0003.CPUS02

ENCLOSURES (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
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<input type="checkbox"/> Affidavits/declaration(s)
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<input checked="" type="checkbox"/> Information Disclosure Statement
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Incomplete Application
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under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
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(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify
below):
PTO/SB/08A, References (2), postcard |
|--|--|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Howrey Simon Arnold & White, LLP		
Signature			
Printed name	David W. Clough, Ph.D.		
Date	July 22, 2005	Reg. No.	36,107

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	David W. Clough, Ph.D.	Date	July 22, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

Attorney Docket Number 06225.0003.CPUS02

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Application of: Gilchrest et al.

Serial No.: 09/540,843

Filed: March 31, 2000

For: Use of Locally Applied
DNA Fragments

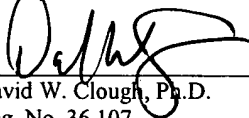
Group Art Unit: 1635

Examiner: Brian A. Whiteman

Certificate of Service

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July 22, 2005


David W. Clough, Ph.D.
Reg. No. 36,107
Attorney for Applicant

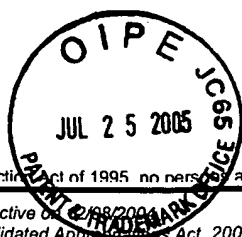
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop After Final
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| 07/25/2005 HTECKLU1 00000052 083038 09540843
01 FC:1806 180.00 DA

Dear Sir:

Applicant requests that the Examiner consider two references listed on the PTO/SB/08A form enclosed herewith. The Final Office action was mailed for the above-identified patent application on May 10, 2005. Pursuant to 37 CFR 1.97 (d) which provides that an Information Disclosure Statement shall be considered if filed after the mailing date of the Final Office action and accompanied by the statement under 37 CFR 1.97 (e)(1) that Applicant is filing herewith the Information Disclosure Statement within a three month time period from the date the



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
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Effective 07/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number	09/540,843
Filing Date	March 31, 2000
First Named Inventor	Barbara A. Gilcrest, et al.
Examiner Name	B. A. Whiteman
Art Unit	1635
Attorney Docket No.	06225.0003.CPUS02

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 08-3038 Deposit Account Name: Howrey LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS

Fees Paid (\$)

\$180.00

SUBMITTED BY

Signature	David W. Clough, Ph.D.	Registration No. (Attorney/Agent) 36,107	Telephone (312) 595-1408
Name (Print/Type)	David W. Clough		Date July 22, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Information Disclosure statement was first cited in a communication from a foreign patent office in a counterpart foreign application. The submission is accompanied by the requisite fee as set forth in 37 CFR 1.17(p).

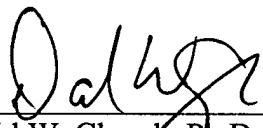
The references enclosed herewith, WO 98/36066 and WO 97/08314, were first cited in a communication from the New Zealand Patent Office on April 26, 2005 in a counterpart New Zealand application.

No other fee is believed to be due with this submission, however the Commissioner is hereby authorized to charge any fees deemed necessary for the prosecution of the above-identified patent application to Howrey LLP Deposit Account No: 08-3038.

Respectfully submitted,

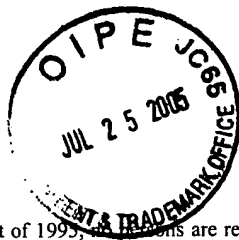
HOWREY LLP

By:



David W. Clough, Ph.D.
Registration No.: 36,107

Dated: July 22, 2005
321 N. Clark Street, Suite 3400
Chicago, IL 60610
Telephone: (312) 595-1408
Fax: (312) 595-2250



PTO/SB/08A (10-01)

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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete if Known	
				Application Number	09/540,843
				Filing Date	March 31, 2000
				First Named Inventor	Barbara Gilchrest
				Group Art Unit	1635
				Examiner Name	Brian Whiteman
Sheet	1	of	1	Attorney Docket Number	06225.0003.CPUS02

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number – Kind Code ² (if known)			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ – Number ⁴ – Kind Code ⁵ (if known)				
	B1	WO 98/36066	02-13-1998	De Lange		
	B2	WO 97/08314	08-23-1996	De Lange		

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² See Kinds codes of USPTO Patent Documents as www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST. 3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Burden House Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.